

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



FISCAL NOTE

SB 2157 – HB 2853

March 10, 2022

SUMMARY OF BILL: Expands the offenses of assault and aggravated assault against a first responder or nurse to include offenses against any registered, licensed, or certified healthcare provider.

FISCAL IMPACT:

Increase Local Expenditures – \$13,600/FY22-23 and Subsequent Years*

Assumptions:

- Pursuant to Tenn. Code Ann. § 39-13-116(c)(1) and this legislation, assault against a healthcare provider will be a Class A misdemeanor offense punished by a mandatory fine of \$5,000 and a mandatory minimum sentence of 30 days incarceration.
- This analysis assumes individuals charged with assault against a registered, licensed, or certified healthcare provider pursuant to this legislation would be charged with a Class A misdemeanor offense of assault pursuant to Tenn. Code Ann. § 39-13-101 under current law.
- It is assumed that an individual convicted of a Class A misdemeanor offense spends an average of 15 days in a local jail.
- Based on information provided by the Department of Health, there are currently 382,499 registered, licensed, or certified healthcare providers in Tennessee.
- According to the U.S. Bureau of Labor Statistics 2018 fact sheet of workplace violence in the healthcare and social assistance industry, the incidence rate for nonfatal occupational injuries and illnesses involving days away from work resulting from intentional injury by another person from 2011 thru 2018 was 10.4 per 10,000 full-time workers.
- It is reasonably assumed that 75 percent or 286,874 ($382,499 \times 75.0\%$) of registered, licensed, or certified healthcare providers are currently employed in full-time positions in licensed healthcare facilities.
- Applying the same incidence rate, it is reasonably assumed there are 298.34 [$(286,874 / 10,000) \times 10.4$] assaults committed against a healthcare provider annually, and 10 percent or 29.83 ($298.34 \times 10.0\%$) of assaults result in arrest.
- This analysis assumes 50 percent or 14.91 ($29.83 \times 50.0\%$) arrests will result in a Class A misdemeanor conviction of assault against a healthcare provider per year.
- The proposed legislation will result in 14.91 convictions annually serving an additional 15 days (30-15) in local jail.

- Based on cost estimates provided by local government entities throughout the state and reported bed capacity within such facilities, the weighted average cost per day to house an inmate in a local jail facility is \$60.69.
- The recurring mandatory increase in expenditures to local governments is estimated to be \$13,573 (14.91 convictions x \$60.69 x 15) in FY22-23 and subsequent years.
- This analysis assumes individuals charged with aggravated assault against a healthcare provider pursuant to this legislation would be charged with a Class C felony offense of aggravated assault pursuant to Tenn. Code Ann. § 39-13-102 under current law.
- Pursuant to Tenn. Code Ann. § 39-13-116(c)(2) and this legislation, aggravated assault against a healthcare provider is punished by a mandatory fine of \$15,000 and a mandatory minimum sentence of 90 days incarceration.
- Based on information provided by the Department of Correction, the average time served for a Class C felony is 1.59 years.
- While the proposed legislation establishes mandatory sentence minimums, this analysis assumes that the offender will serve the established average sentence length.
- Based on the Fiscal Review Committee's 2008 study and the Administrative Office of the Courts' 2012 study on collection of court costs, fees, and fines, collection in criminal cases is minimal due to defendants often not being able to pay them; therefore, any increase in local revenue from fines is estimated to be not significant.
- Any impact to state incarceration expenditures is estimated to be not significant.

**Article II, Section 24 of the Tennessee Constitution provides that: no law of general application shall impose increased expenditure requirements on cities or counties unless the General Assembly shall provide that the state share in the cost.*

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Krista Lee Carsner, Executive Director

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